



NEW _____
UPDATE _____

CREDIT CARD AUTOMATIC PAYMENT OPTION

Please complete this authorization form designating your credit card to be charged **You will need to continue to pay your bill until you see "DO NOT PAY.." on your monthly statement.** The charge against your credit card will occur by the delinquent date shown on your current bill. To provide sufficient time to cancel a payment or stop the automatic payment plan, you must notify our office 8 days prior to the delinquent date shown on your billing statement. Your credit card statement will display "Scottsdale Cust Service 312-7400" as a description of the monthly charge for water, sewer and refuse service fees.

If you are currently participating in our automatic deduction (SurePay) option, please check this box ☐ and note that by signing this form, you are authorizing us to stop the SurePay payment option.

PLEASE PROVIDE THIS REQUIRED INFORMATION:

Would you like to contribute \$1.00 each billing to Scottsdale Cares? YES _____ or NO _____

Payer Name (if other than City Utility Account Name) _____

Please check which one Master Card _____ Visa _____ or American Express _____

Credit Card Number _____ Expiration Date _____
(Customer is responsible for informing the City of Scottsdale of any credit card changes or expiration date).
Credit Card Owner Name _____

City of Scottsdale Utility Account# _____
(A credit card payment request form needs to be filled out for each utility account).

Your daytime telephone number () _____

Name on the Utility Account _____

Service Address _____

Credit Card Authorization

I hereby authorize the City of Scottsdale, until otherwise instructed in writing, to pay and charge to my credit card account all City of Scottsdale utility charges rendered against the undersigned by the City of Scottsdale for the service address listed. Utility charges may include one or more of the following services: water, sewer, solid waste. Further, I have indicated by marking whether I will participate monthly in the Scottsdale Cares donation program.

I understand that to remain on this automatic payment plan, I must maintain sufficient available credit in my designated account. Failure to do so may result in discontinuance of the credit card automatic payment option. I also must report immediately, to the City of Scottsdale, any changes to my credit card account including expiration date changes.

I understand that requests to discontinue or change this must be made in writing and sent to:

City of Scottsdale
ATTN: Remittance Processing
3939 Drinkwater Blvd.
Scottsdale, Arizona 85251
(480) 312-7933 OR FAX NUMBER (480) 312-4805

Signature _____ Date _____

Print your name: _____